

## West Linn-Wilsonville School District 3Jt

22210 SW Stafford Rd • Tualatin, OR 97062 • (503) 673-7000 or Fax (503) 673-7001 • www.wlwv.k12.or.us

## Communicable Disease Student-Athlete Agreement Form Required for all District Sponsored Athletics and Activities in 2020 21

Co-curricular Activity:	
Student name (printed name):	Date:
Parent-Guardian name (printed name):	Date:
By signing this form, both the student-athlete and a parent-guardian are certificall safety and health guidelines in place in response to COVID-19. By signing you indicating that you agree to the requirements outlined below.	
1. I will maintain 6-foot social distance during all activities and athletic per OHA guidance.	es and will adhere to maximum gathering
2. I will wear a face covering at all times when indoors and during athl engaging in strenuous physical activity or if I have a medical exemplarival and as I exit from any activity.	•
3. I will take prevention measures such as hand washing and/or using all safety measures outlined by my coach or group leader.	hand sanitizer frequently. I will follow
4. I will bring my own water bottle(s), food, clothing, face covering, an OSAA guidelines for cleaning and sanitizing of equipment.	d equipment and will follow all OHA and
5. I will abide by designated entrances, exits and allowable restrooms to minimize exposure and assist with regular cleaning protocols.	when accessing district facilities in order
6. Parent-guardian will not come on site during co-curricular activities	and will abide by safety measures.
7. I understand and agree to follow all guidelines in this document.	
Student Signature:	Date:
Parent-Guardian Signature:	Date:

This signed form must be turned in to the coach or group leader of the West Linn Wilsonville athletic activity.